PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

(571)-273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notification | ıs. | | | | | |
|--|---|---|--|---|--|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of Fee(s) Transmittal. The papers. Each additional paye its own certificate. | mailing can only be used for is certificate cannot be used for al paper, such as an assignme e of mailing or transmission. | or domestic mailings of the for any other accompanying ont or formal drawing, must |
| 22195 75 | 90 02/24/2006 | | | | | |
| LITIMANI CENIO | ME SCIENCES INC | | | Cer | rtificate of Mailing or Trans | mission |
| HUMAN GENOME SCIENCES INC | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
| INTELLECTUAL PROPERTY DEPT. 14200 SHADY GROVE ROAD | | | | addressed to the Mai | I Stop ISSUE FEE address | above, or being facsimile |
| ROCKVILLE, MD 20850 | | | | (Depositor's name) | | |
| | | | | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | FIRST NAMED | | NTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/820,136 04/08/2004 | | | Jian Ni | | PF257D4 | 7170 |
| FITLE OF INVENTION: H | UMAN ENDOMETRIAL S | PECIFIC STEROID | -BINDING FACT | OR I, II, AND III | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEI | E | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | 05/24/2006 |
| EXAMINER | | ART UNIT | Γ (| CLASS-SUBCLASS |] . | |
| PATTERSON, CHARLES L JR | | 1652 | | 536-023500 | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the pages of up to 3 registered patent attorneys 1 Human Genome | | | | | | |
| (1) the names of up to 3 registered patent attorneys | | | | | | |
| 111 7 DEO/DD/100) - 411 | | | | | | |
| "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. | tion (or "Fee Address" Indica or more recent) attached. Us | ation form e of a Customer | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO E | E PRINTED ON TH | HE PATENT (prin | t or type) | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | |
| | | | | CE: (CITY and STATE OR COUNTRY) | | |
| Human Genome Sciences, Inc. Rockville, Maryland | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗶 Corporation or other private group entity 🚨 Government | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | |
| | | | | amount of the fee(s) is en | nclosed. | |
| | | | | edit card. Form PTO-2038 is attached. | | |
| Advance Order - # of Copies X The Dir | | | | ector is hereby authorized by charge the required fee(s), or credit any overpayment, to Account Number 08-3425 (enclose an extra copy of this form). | | |
| | (from status indicated above | e) | | | · | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | |
| The Director of the USPTO NOTE: The Issue Fee and Finterest as shown by the rec | is requested to apply the Iss Publication Fee (if required) ords of the United States Pat | ue Fee and Publicati will not be accepted ent and Trademark (| on Fee (if any) or t from anyone other Office. | to re-apply any previous than the applicant; a reg | sly paid issue fee to the applications attorney or agent; or t | ation identified above. he assignee or other party in |
| Authorized Signature M// | | | Date May 6, 7006 | | | |
| Typed or printed name Mark J. Hyman | | | Registration No. 46,789 | | | |
| | - | 111 The information | is required to abt | | | d by the USPTO to process |
| an application. Confidential submitting the completed a this form and/or suggestion Boy 1450. Alexandria, Virginia Confidential States of the Confidential S | lity is governed by 35 U.S.C pplication form to the USP, s for reducing this burden, s vinia 22313.1450. DO NOT | 1. 11c information 1. 122 and 37 CFR 1 1. 122 | .14. This collection depending upon the Chief Information OMPLETED FOR | n is estimated to take 12 e individual case. Any c Officer, U.S. Patent and MS TO THIS ADDRES | the public which is to file (an minutes to complete, includi comments on the amount of ti d Trademark Office, U.S. Dep SS. SEND TO: Commissioner | ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents P.O. Box 1450 |

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.